



05/24/00

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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

| | | |
|---|--|------------------|
| Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | Attorney Docket No. | 7413-1004 |
| | First Named Inventor | Richard P. Welle |
| | Original Patent Number | 5,760,394 |
| | Original Patent Issue Date (Month/Day/Year) | 06/02/98 |
| | Express Mail Label No. | EL 380511715 US |

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

| APPLICATION ELEMENTS | | ACCOMPANYING APPLICATION PARTS | |
|---|---|---|--|
| 1. | <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) | 7. | <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) |
| 2. | <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate) | 8. | <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| 3. | <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) | 9. | <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) |
| 4. | <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52) | 10. | <input type="checkbox"/> * Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired |
| 5. | Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55) | 11. | <input type="checkbox"/> Preliminary Amendment |
| 6. | Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 12. | <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) |
| (If Yes, check applicable box(es)) | | | |
| <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) | | 13. <input type="checkbox"/> Other: | |
| <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney | | NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). | |

| 14. CORRESPONDENCE ADDRESS | | | | | |
|--|---|-----------|--------------|--|--------------|
| <input type="checkbox"/> Customer Number or Bar Code Label | | | | or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here) | |
| Name | Jon E. Hokanson | | | | |
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| | | | |
|-------------------|-----------------|-----------------------------------|--------|
| NAME (Print/Type) | JON E. HOKANSON | Registration No. (Attorney/Agent) | 30,069 |
| Signature | | | Date |

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

7413-1004

Claims as Filed - Part 1

| Claims in Patent | For | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | |
|----------------------------|--|-------------------------------------|--|--------------|-----|---------------------------|-----|
| | | | | Rate | Fee | Rate | Fee |
| A) 24 | Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i)) | (B) 39 (D) 14 | **** 15 = x \$ 9 = 135 * 8 = x \$ 39 = 312 | | | or x \$ = | |
| | | | | | | x \$ = | |
| Basic Fee (37 CFR 1.16(h)) | | | | \$ 345 | | | \$ |
| Total Filing Fee | | | | \$ 792 | OR | | \$ |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
|-------------------------------------|--------------------------------------|-------|--|--------------------------|--------------|-----|---------------------------|-----|
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * | x \$ = | | or x \$ = | |
| Independent Claims (37 CFR 1.16(i)) | *** | MINUS | ***** | = | x \$ = | | or x \$ = | |
| Total Additional Fee | | | | \$ | | OR | | \$ |

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-2500.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 792.00 to cover the filing / additional fee is enclosed.

May 24, 2000

Date



Signature of Applicant, Attorney or Agent of Record

JON E. HOKANSON

Typed or printed name